FORM D UNITED STATES	OMB APPROVAL
SECURITIES AND EXCHANGE COMMISSIO	
Washington, D.C. 20549	Expires: November 30, 2001
FORM D	Estimated average burden hours per response16.00
NOTICE OF SALE OF SECURITIES	SEC USE ONLY
JUL 0 2 2003 PURSUANT TO REGULATION D,	Prefix Serial
SECTION 4(6), AND/OR	DATE RECEIVED
155 UNIFORM LIMITED OFFERING EXEMPTI	1 1
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Offer and Sale of Series B Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: New Filing Amendment	Section 4(0)
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	03026214
Concurrent Pharmaceuticals, Inc.	
	umber (Including Area Code)
502 West Office Center Drive, Fort Washington, PA 19034 (215) 461-20	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone N (if different from Executive Offices)	umber (Including Area Code)
Brief Description of Business	PROCESSE
Pharmaceutical research and development	PROCESSES 7 2003
Type of Business Organization	, 100-
☐ corporation ☐ limited partnership, already formed ☐ other	er (please specify):
□ business trust □ limited partnership, to be formed	FINANCIAL
Month Year	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 5 0 1	Actual ☐ Estimated
Actual or Estimated Date of Incorporation or Organization: Month Year O 5 0 1 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	✓ Actual ☐ Estimated
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: [Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
Actual or Estimated Date of Incorporation or Organization: Month Year Month Year Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	✓ Actual ☐ Estimated
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation	Actual Estimated D E
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Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offe Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the add after the date on which it is due, on the date it was mailed by United States registered or certified mail to the Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054	Actual Estimated D E D or Section 4(6), 17 CFR 230.501 et seq. or ring. A notice is deemed filed with the U.S ress given below or, if received at that address at address. 9.
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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

to file the appropriate federal notice will not result in a loss of an available state exemption unless such

exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA				
2. Enter the information requested for the following:	FICATION DATA			
Each promoter of the issuer, if the issuer has been organized within the second s	ne nast five years:			
Each beneficial owner having the power to vote or dispose, or direct		10% or more of	a class of equity securities of the	
issuer;	-			
 Each executive officer and director of corporate issuers and of corpor 	ate general and managing	partners of partner	rship issuers; and	
• Each general and managing partner of partnership issuers.			:	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)				
Prospect Venture Partners, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Co	de)			
435 Tasso Street, Suite 200, Palo Alto, CA 94301				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☐ Member of	
			General Partner	
Full Name (Last name first, if individual)				
Prospect Venture Partners II, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Co	de)			
435 Tasso Street, Suite 200, Palo Alto, CA 94301				
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	Member of General Partner	
Full Name (Last name first, if individual)				
New Enterprise Associates 10, Limited Partnership				
Business or Residence Address (Number and Street, City, State, Zip Co	de)			
1119 St. Paul Street, Baltimore, MD 21202				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Member of General Partner	
Full Name (Last name first, if individual)				
Venrock Associates III, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Co	de)			
30 Rockefeller Plaza, Room 5508, New York, NY 10112				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	Member of General Partner	
Full Name (Last name first, if individual)				
Cordes, Eugene				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
502 West Office Center Drive, Fort Washington, PA 19034				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	Member of General Partner	
Full Name (Last name first, if individual)				
Goldby, Steve				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
c/o Symyx Technologies, Inc. 3100 Central Expressway, Santa Clara, CA	•			

·		:		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	☐ Member of General Partner		
Full Name (Last name first, if individual)				
Gunderson, Robert		:		
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Gunderson Dettmer et. al. LLP, 155 Constitution Drive, Menlo Park, CA 94025				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	☐ Member of General Partner		
Full Name (Last name first, if individual)		!		
Newhall, Charles, III				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o New Enterprise Associates, 1119 St. Paul Street, Baltimore, MD 21202				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	☐ Member of General Partner		
Full Name (Last name first, if individual)				
Roberts, Bryan				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Venrock Associates, 2494 Sand Hill Road, Suite 200, Menlo Park, CA 94025				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director	☐ Member of General Partner		
Full Name (Last name first, if individual)				
Rosenblatt, Michael, M.D.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Beth Israel Deaconess Med Ctr., 330 Brookline Avenue, Harvard Institutes of Medicine, Bost	on, MA 02215			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	☐ Member of General Partner		
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·		
Tananbaum, James, M.D.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Prospect Venture Partners, 435 Tasso Street, Suite 200, Palo Alto, CA 94301				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	Member of General Partner		
Full Name (Last name first, if individual)				
Whitesides, George, Ph.D.				
Business or Residence Address (Number and Street, City, State, Zip Code)	·			
c/o Harvard University, Department of Chemistry and Chemical Biology, 12 Oxford Street, Cam	bridge, MA 0213	8		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	☐ Member of		
Electrical Series Serie	_ Director	General Partner		
Full Name (Last name first, if individual)				
Baldwin, John J.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
502 West Office Center Drive, Fort Washington, PA 19034				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	Member of General Partner		
Full Name (Last name first, if individual)				
Starr, Kevin				
Business or Residence Address (Number and Street, City, State, Zip Code)				
502 West Office Center Drive, Fort Washington, PA 19034				

	B. INFORMATION ABOUT OFFERING				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No		
2.	What is the minimum investment that will be accepted from any individual?	\$ <u>N/A</u>			
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
	N/A				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt -0-\$16,511,250.00 \$ 14,000,000.24 N Preferred Common Convertible Securities (including warrants)..... Partnership Interests Other (Specify \$ 14,000,000.24 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$14,000,000.24 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 N/A N/A Regulation A N/A N/A N/A N/A N/A N/A Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs -0- -50,000.00-Legal Fees Accounting Fees. -0-Engineering Fees. -0-Sales Commissions (specify finders' fees separately) -0-Other Expenses (identify) -0-Total -50,000.00-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds \$ 16,461,250.00 to the user."..... 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors and Payments to Affiliates Others Salaries and fees. -0-Purchase of real estate. -0-Purchase, rental or leasing and installation of machinery and equipment..... -0--0-Construction or leasing of plant buildings and facilities..... -0-Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer -0pursuant to a merger)..... Repayment of indebtedness.... -0--0--0-**S**\$ 16,461,250.00 Working capital..... Other (specify): -0--0-Other (specify): Column Totals.... -0-

Total Payments Listed (column totals added).....

\$ 16,461,250.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature /	Date
Concurrent Pharmaceuticals, Inc.	John X Cliven	6/30/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dr. John J. Baldwin	President	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)